

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18280

State File No. _____

ED JUN 7 1943 78
Registration District No. _____

Primary Registration District No. 5663

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural Lyon Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 50yrs

3. (a) PRINT FULL NAME Julia Viola Guseman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Guseman 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased October 18, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 16 hr. -- min.

9. Birthplace Putman County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home Maker at Home

11. Industry or business

12. Name George T. Smith
13. Birthplace Newtown Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Lidia Lent
(City, town, or county) (State or foreign country)

15. Birthplace Austin, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant William Guseman

(b) Address Williamstown, Mo.

17. (a) Burial (b) Date thereof May 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cemetery

18. (a) Signature of funeral director Norman D. Code

(b) Address La Belle, Missouri

19. (a) 5-10-43 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Rural Lyon TWP.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1943 hour 7 minute AM

21. I hereby certify that I attended the deceased from Apr 1
1943, to May 4, 1943
that I last saw him alive on May 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterial Sclerosis Duration 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. C. E. Todd (M. D. or other) DO
Address Williamstown Mo Date signed 7/6/1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.